

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | |
|---|-------------------|-------------------------|---------------|
| Died at <i>Cove Pt</i> Town <i>Calvert</i> County | | | |
| Date of death | 1908 | Month | Aug |
| | 8 | Day | 8 |
| | | Age | 13 |
| | | Years | |
| | | Months | 7 |
| | | Days | 6 |
| Sex | male | Color or Race | Colored |
| Occupation | WOMAN | Birth place | Calvert Co Md |
| Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | — |
| Father's Name | Hopewell Banister | Father's Birthplace | Calvert Co Md |
| Mother's Maiden Name | Martha Smith | Mother's Birthplace | Calvert Co Md |
| Name of person giving information | Martha Banister | How related to deceased | Mother |

CAUSES OF DEATH

172

Primary

Drowned

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

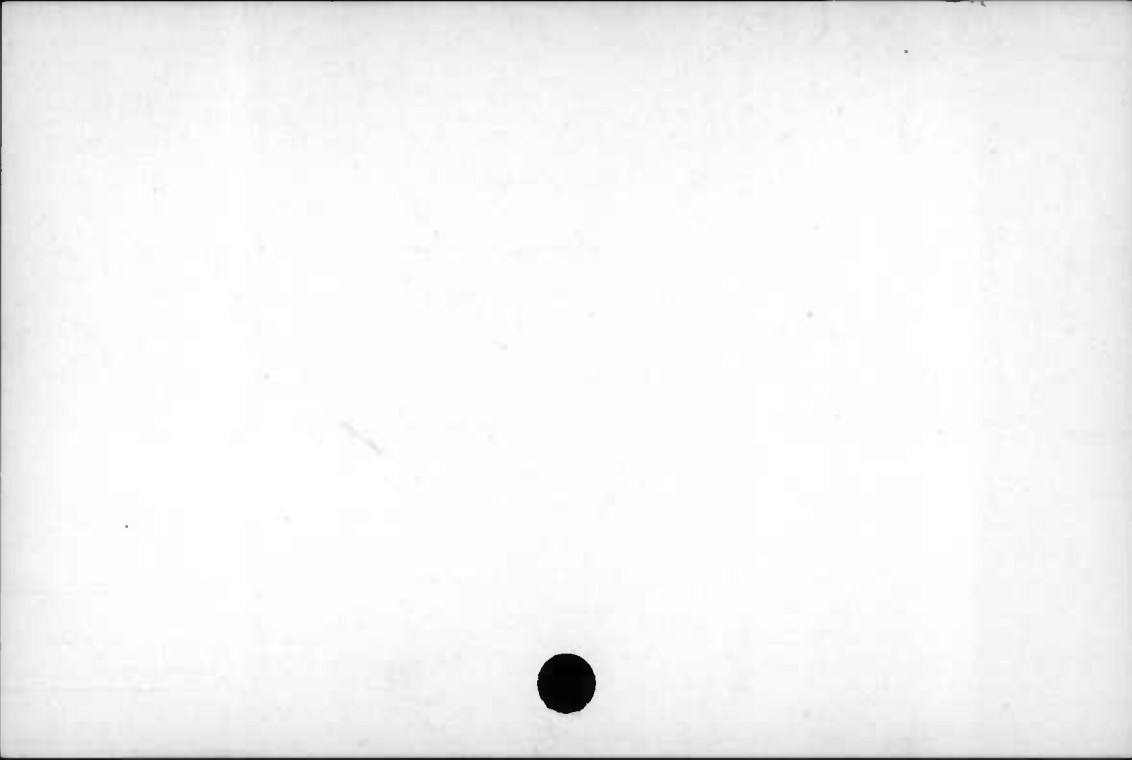
Yes

Signature of Physician

Address

Geo F Chambers MD
Sub. physician Box
3 Newby Calvert Co Md

Accident or ~~suicide~~



Name
in
Full

Milton Biscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--------------|--|--------------------|-------------|-----------|
| Died at | | Town Solomons | | County Calvert | | MARYLAND | |
| Date of death | | 1908 | Month Aug | Day 6 | Age Years 22 | Months — | Days — |
| Sex Male | | Color or Race Colored | | Birth- place | | | |
| Occupation Laborer | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband None | | | | | |
| Father's Name John Biscoe | | Father's Birthplace St Marys Gmd | | | | | |
| Mother's Maiden Name Mary Hutchins | | Mother's Birthplace Calvert Co md | | | | | |
| Name of person giving Information John Hutchins | | How related to deceased Grandfather | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------|---------------------|-------------|
| Primary | Pulmonary Phthisis | How long | About 6 mos |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Dr. F. Chambers md. | |
| Address | | Lusby Calvert Co md | |
| Accident or Suicide? | | | |



Name
in
Full

Fred. Owens Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

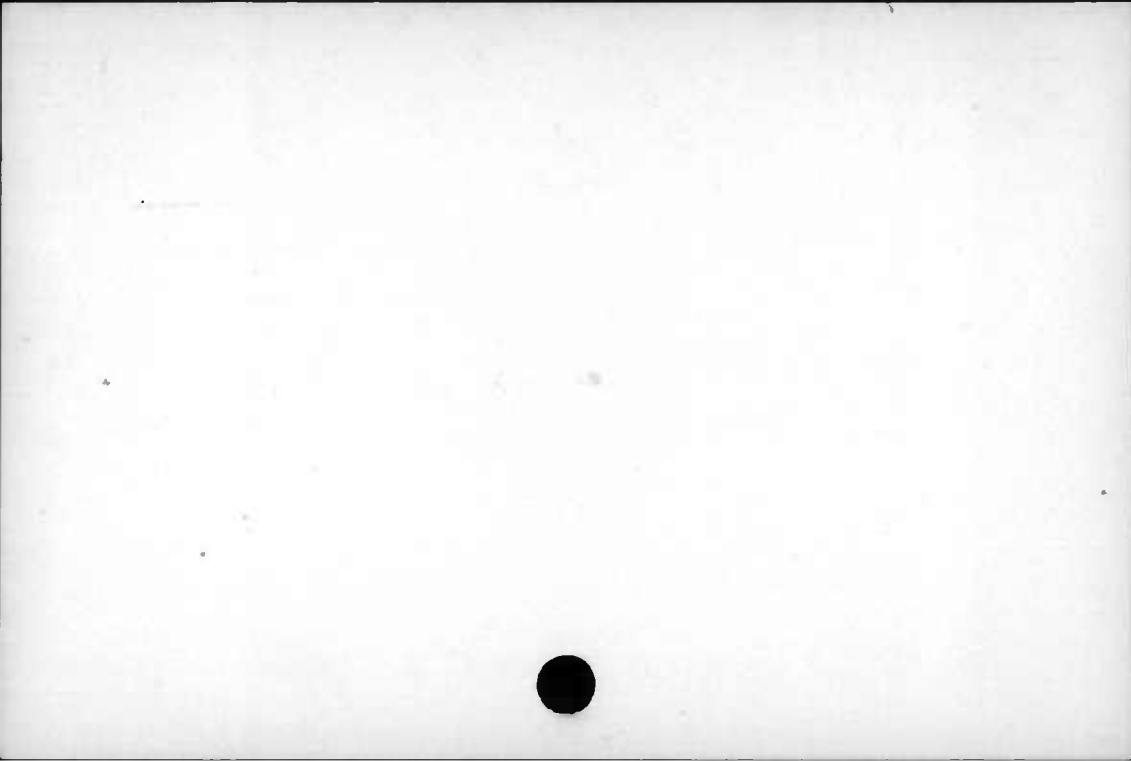
| | | | | | |
|---|---------------------|-----------------------|-------------------------|----------------------|----|
| Died at <i>Lusby</i> Town | | <i>Calvert</i> County | | MARYLAND | |
| Date of death | 1908 | Month | Aug | Day | 7 |
| Sex | Male | Color or Race | Colored | Age | 17 |
| Occupation | Laborer | | Birth-place | <i>Calvert Co Md</i> | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | |
| Father's Name | <i>James Bishop</i> | | Father's Birthplace | <i>Calvert Co Md</i> | |
| Mother's Maiden Name | <i>Sarah Greene</i> | | Mother's Birthplace | <i>Calvert Co Md</i> | |
| Name of person giving information | <i>James Bishop</i> | | How related to deceased | Father | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|----------------------------|--------------------|
| Primary | <i>Pulmonary Phthisis</i> | How long | <i>about 5 mos</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | <i>Dr F Chambers Md</i> | |
| Address | | <i>Lusby Calvert Co Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Eliza Rebecca Brooks

CERTIFICATE OF DEATH

Died at *Olivet* Town*Calvert* County

MARYLAND

Date of death *1908 Aug 8*

Month

Day

Age *33*

Years

Months

Days

Sex *Female*Color or
Race*Colored*Birth-
place*Calvert Co md*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *married*Name of Wife or
Husband*Thomas Brooks*Father's
Name*Benjamin J Bishop*Father's
Birthplace*Calvert Co md*Mother's
Maiden Name*Elizabeth Taylor*Mother's
Birthplace*Calvert Co md*Name of person giving
In formation*Thomas Brooks*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Lymphoid Fever

How long

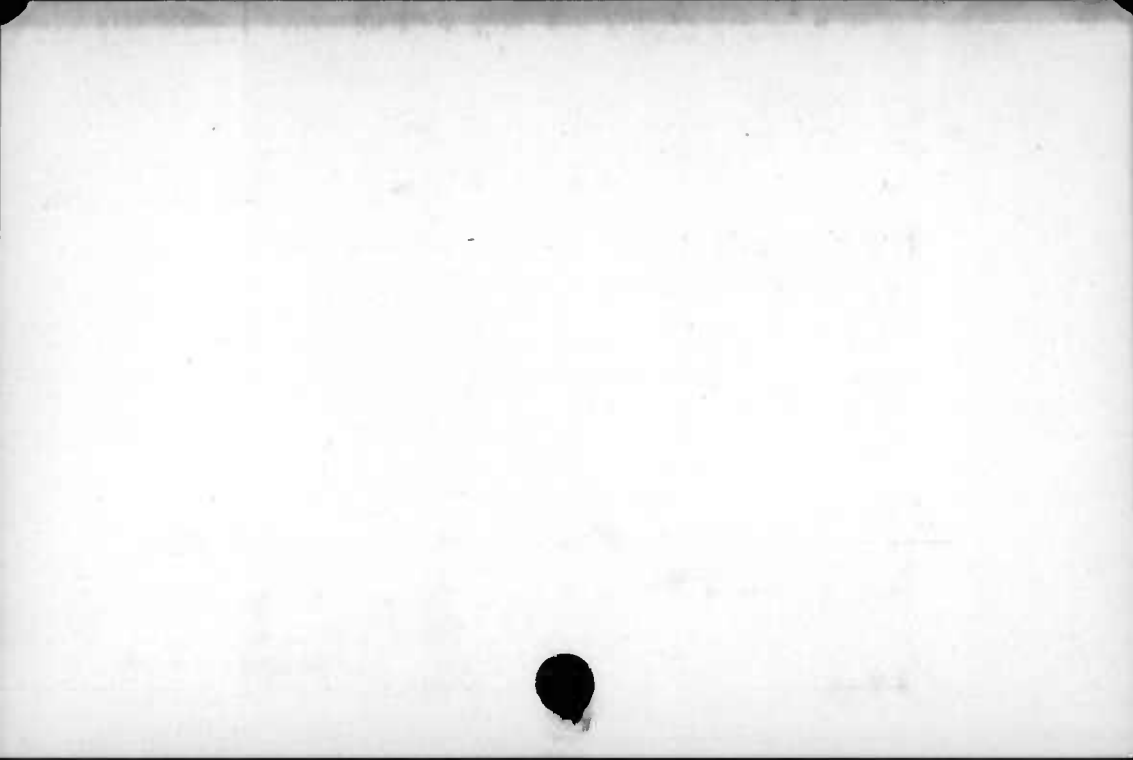
4 1/2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Chambers md*

Address

*Laurey Calvert Co
md*Accident or Suicide?TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

12
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

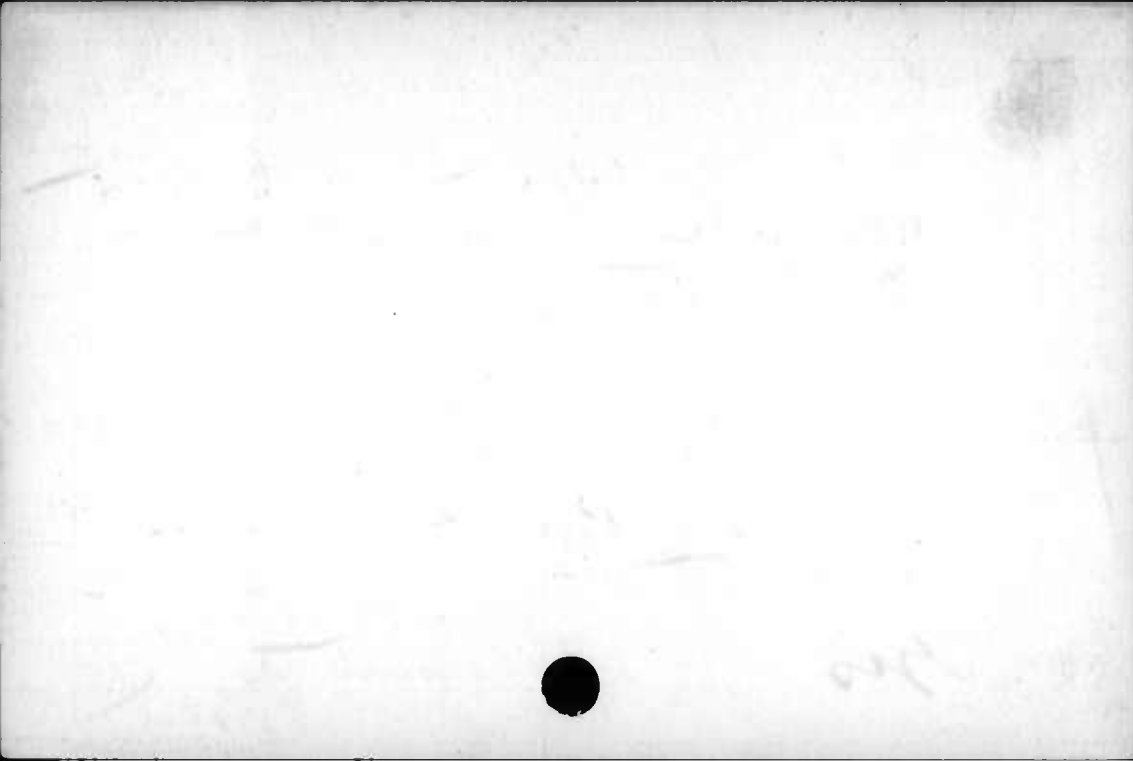
| | | | | | |
|---|-----------------------------|---|---|------------------|---------------|
| Died at <u>Murhead</u> <small>Town</small> | | <u>Columb</u> <small>County</small> | | MARYLAND | |
| Date of death 1908 | Month <u>Aug</u> | Day <u>7</u> | Age <u>5-2</u> | Months <u>11</u> | Days <u>5</u> |
| Sex <u>Female</u> | Color or Race <u>Columb</u> | | Birth-place <u>Columb</u> | | |
| Occupation <u>Housewife</u> | | | Where Residing if not at place of death <u>Columb</u> | | |
| Married, Single or Widowed <u>Married</u> | | Name of Husband <u>Mr. Thomas Brink</u> | | | |
| Father's Name <u>H. P. Brink</u> | | Father's Birthplace <u>6 durt b</u> | | | |
| Mother's Maiden Name <u>Elice Brink</u> | | Mother's Birthplace <u>balget bo</u> | | | |
| Name of person giving information <u>Durt Brink</u> | | How related to deceased <u>1st Cousin</u> | | | |

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Cancer of Breast</u> | How long <u>2 yrs</u> |
| Immediate <u>In aneurism</u> | How long <u>6 weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>R. Brink</u> |
| | Address <u>Murhead</u> |
| Accident or Suicide? | <u>Not</u> |



Name
in
Full

CERTIFICATE OF DEATH

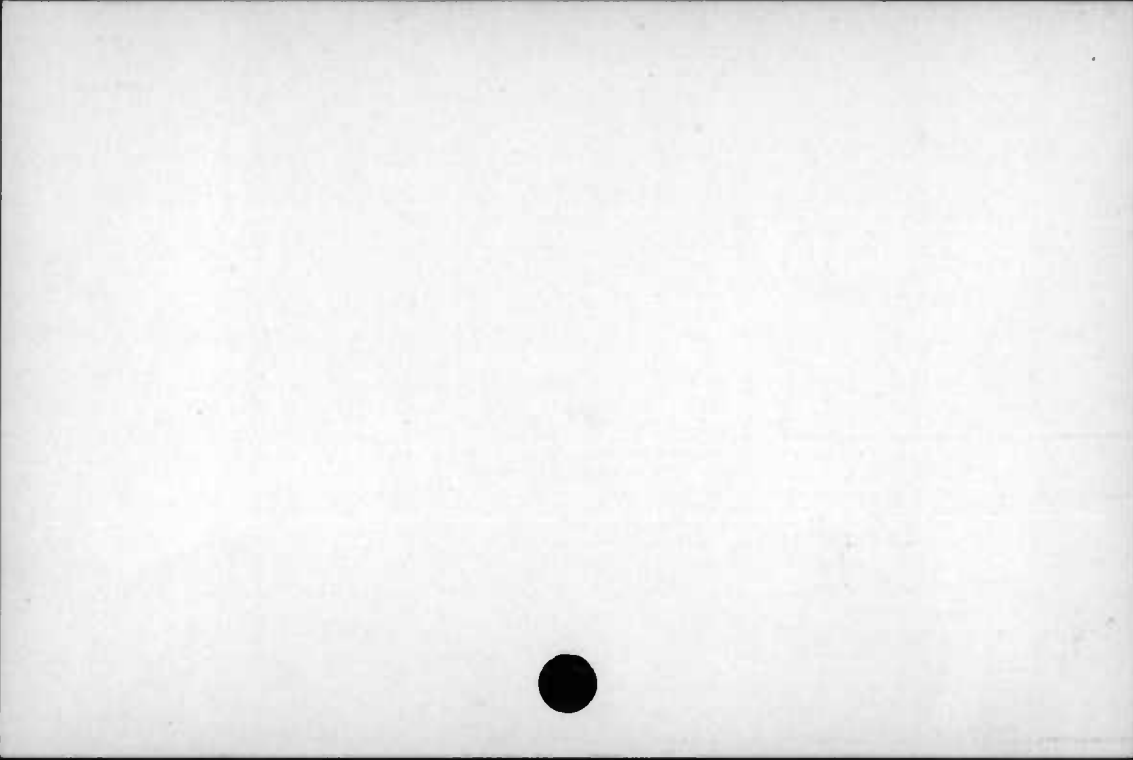
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------------|------------------------|----------------------------|--|-------|----------------------------|-----------------------|
| Died at | | Town <i>Sellers</i> | | County <i>Calvert</i> | | MARYLAND | |
| Date of death | 1908 | Month <i>Aug.</i> | Day <i>9</i> | Age | Years | Months | Days |
| Sex | <i>Male</i> | | Color or Race | <i>Colored</i> | | Birth- place | <i>Calvert Co. Md</i> |
| Occupation | <i>None</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband | | | | |
| Father's Name | <i>Unknown</i> | | | | | Father's Birthplace | <i>Unknown</i> |
| Mother's Maiden Name | <i>Mary Brooks</i> | | | | | Mother's Birthplace | <i>Calvert Co. Md</i> |
| Name of person giving In formation | <i>Annie Brooks</i> | | | | | How related to deceased | <i>Grand mother</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------|---------------------------|---|
| Primary | <i>Still born</i> | How long | <i>(S)</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Dr. F. Chambers</i> |
| | | Address | <i>Sub registration Bldg & Lisby Calvert Co. Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

Elizabeth Bucke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

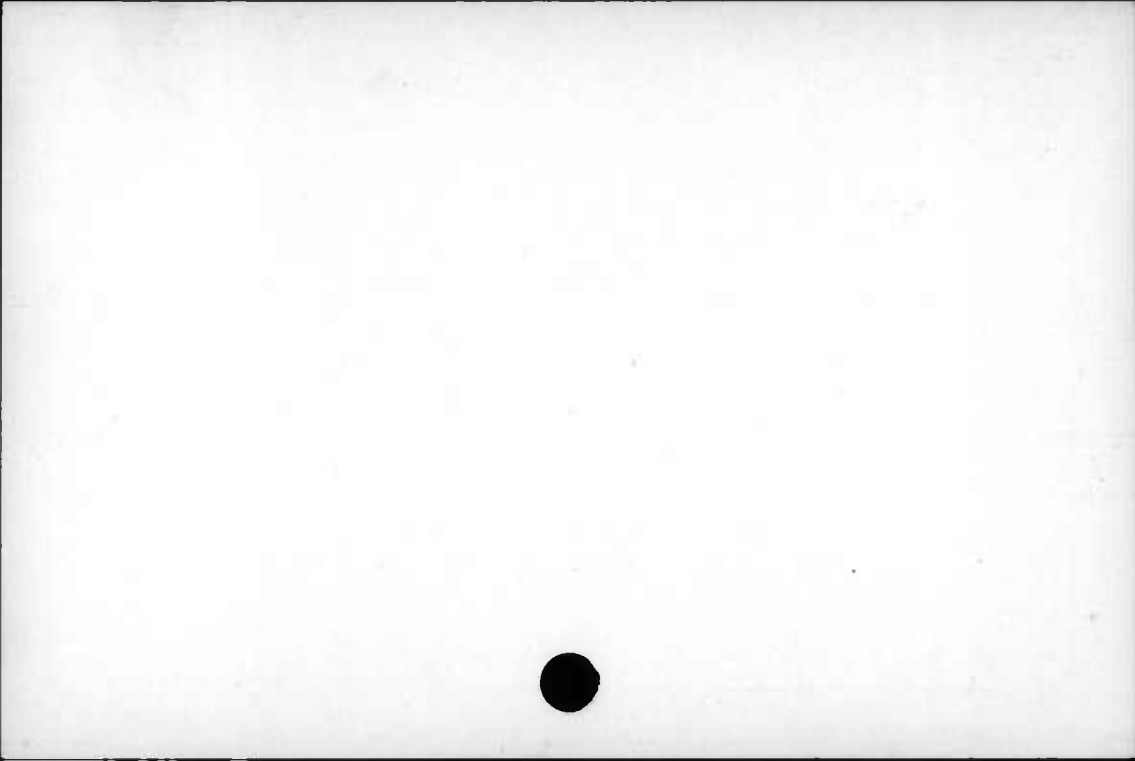
| | | | | | | | |
|--|----------------------------|--|---|---------------|-------|----------|------|
| Died at <i>Pr. Fredericktown</i> | | Town <i>Calvert</i> | | County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>August</i> | Day <i>17</i> | Age <i>77</i> | Years | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Calvert Co.</i> | | | | |
| Occupation <i>Housewife</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>James Bucke</i> | | | | | |
| Father's Name <i>Samuel Young</i> | | Father's Birthplace <i>Calvert Co.</i> | | | | | |
| Mother's Maiden Name <i>Amelia Young</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving information <i>J Emory Bucke</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Infirmities of Old Age</i> | How long |
| Immediate <i>Acute Indigestion</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. Esley Paddy</i> |
| | Address <i>Parran Ind.</i> |
| | <i>Calvert County</i> |
| Accident or Suicide? | |



Name
in
Full

Henry Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

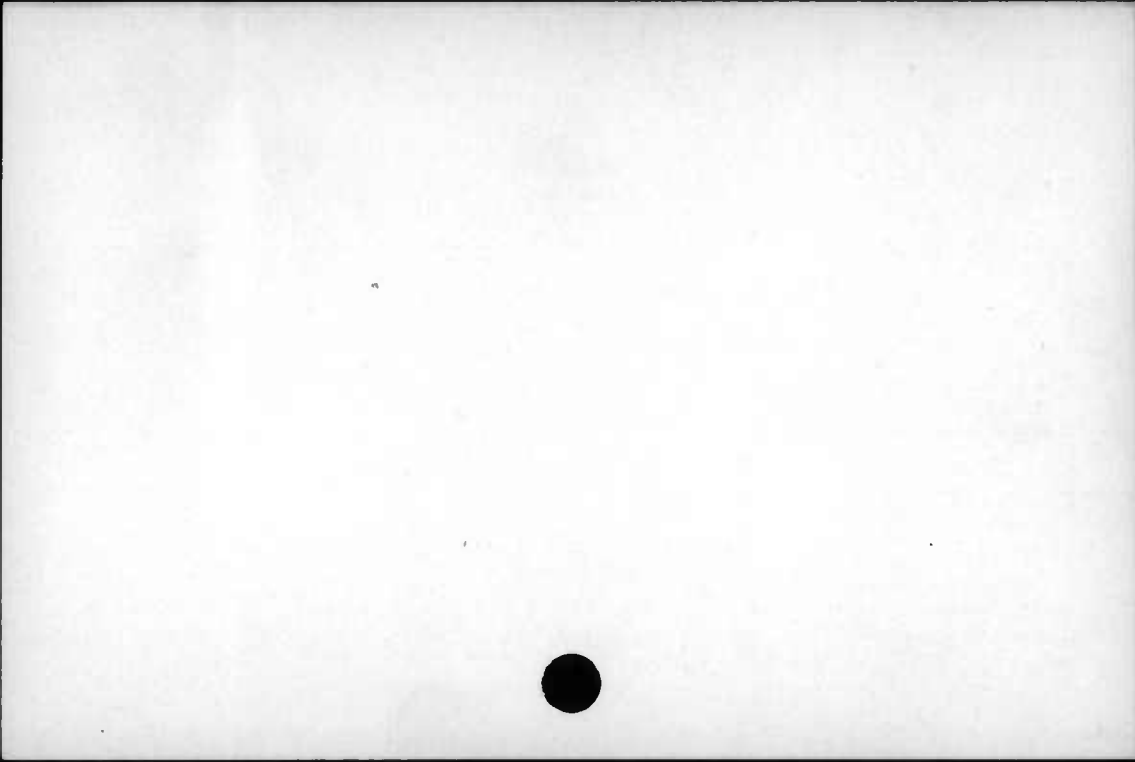
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|---------------------------------------|------|---------------------|----------------------------|--|--------|----------------------------|----------|
| Died at | | Town Mt. Harmony | | County Calvert | | MARYLAND | |
| Date of death | 1908 | Month Aug | Day 14 | Age Years | Months | Days | 4 |
| Sex | Male | | Color or Race | Black | | Birth- place | Cal. Geo |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | Rick's Cook | | | Father's Birthplace | |
| Mother's Maiden Name | | | Alice Stallard | | | Mother's Birthplace | |
| Name of person giving In formation | | | Eli Price | | | How related to deceased | |
| | | | | | | uncle | |

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

| | | |
|---|-------------------------|------------------------------|
| Primary | Strangulation from Cord | How long |
| Immediate | Under Care of midwife | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| yes | | J. W. Teitel |
| | | Address Huntingtown md |
| Accident or Suicide? | | |



Name
in
Full

Susan Dalrymple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|--|-------------------------------|-----------------------|------|
| Died at <i>Prince Frederick</i> | | County <i>Calvert</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1908 Aug 8</i> | Month <i>Aug</i> | Day <i>8</i> | Age <i>62</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Calvert Co</i> | | |
| Occupation <i>House wife</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>Wallace Dalrymple</i> | | | |
| Father's Name <i>Daniel Bowen</i> | | Father's Birthplace <i>Calvert County</i> | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Calvert County</i> | | | |
| Name of person giving Information | | How related to deceased | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Chronic Interstitial Nephritis</i> | How long <i>1 yr</i> |
| Immediate <i>Coma</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. L. W. King</i> |
| | Address <i>Barstow Md.</i> |
| Accident or Suicide | |



Name
in
Full

Venita Irene Woodruff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

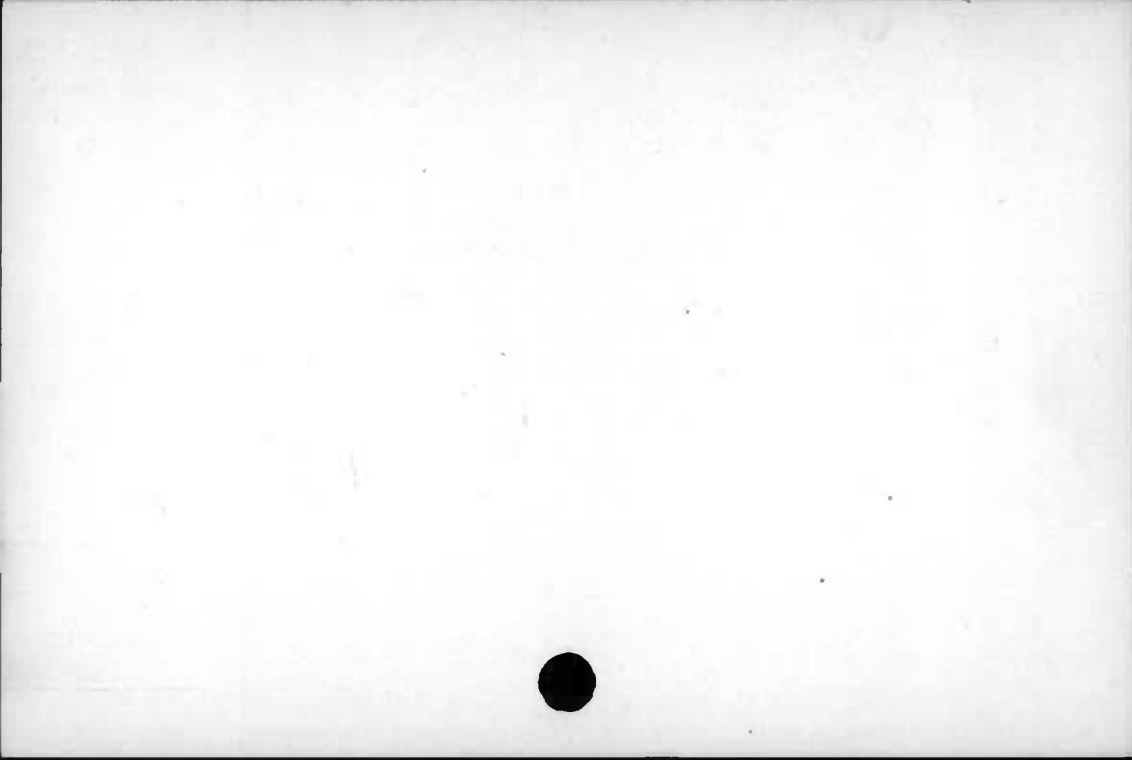
| | | | | | |
|---|-----------------------------|----------------------------------|---|---------------------------|----------------------------|
| Died at Solomons ^{Town} | | Calvert ^{County} | | MARYLAND | |
| Date of death | 1908 ^{Year} | Aug ^{Month} | 8 ^{Day} | 8 ^{Years} | 6 ^{Months} |
| Sex | Female | Color or Race | White | Birth-place | Calvert Co Md |
| Occupation | Woman | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | Edison Woodruff | | | Father's Birthplace | Calvert Co Md |
| Mother's Maiden Name | Sadie E Garner | | | Mother's Birthplace | Calvert Co Md |
| Name of person giving information | Sadie E Dowell | | | How related to deceased | mother |

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

| | | | |
|--|----------------|------------------------|-----------------------------|
| Primary | Measles | How long | 6 Days |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | L. J. Chambers Md |
| | | Address | Quincy Calvert Co Md |
| Accident or Suicide? | | | |



Name
in
Full

Thomas Foote

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------------|-----------------------|---|-------------------------|----|
| Died at <u>Trayner</u> Town | | <u>Calvert</u> County | | MARYLAND | |
| Date of death | 1908 | Month | Aug | Day | 26 |
| Age | 86 | Years | | Months | 5 |
| | | | | Days | 22 |
| Sex | <u>Male</u> | | Color or Race | <u>Colored</u> | |
| Occupation | <u>None</u> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <u>Widowed</u> | | Name of Wife or Husband | <u>Unknown</u> | |
| Father's Name | <u>Isaac Foote</u> | | Father's Birthplace | <u>Anne Arundel Co.</u> | |
| Mother's Maiden Name | <u>Maria Wallace</u> | | Mother's Birthplace | <u>Anne Arundel Co.</u> | |
| Name of person giving information | <u>Ben Foote</u> | | How related to deceased | <u>Son</u> | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------|------------------------|--|
| Primary | <u>Smile Prolapsy</u> | How long | <u>about 8 mos</u> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>Dr. J. Chambers</u> |
| | | Address | <u>Sub. registered B. & N. L. by Calvert Co.</u> |
| Accident or Suicide? | | | |



Name
in
Full

Erwin Gray,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

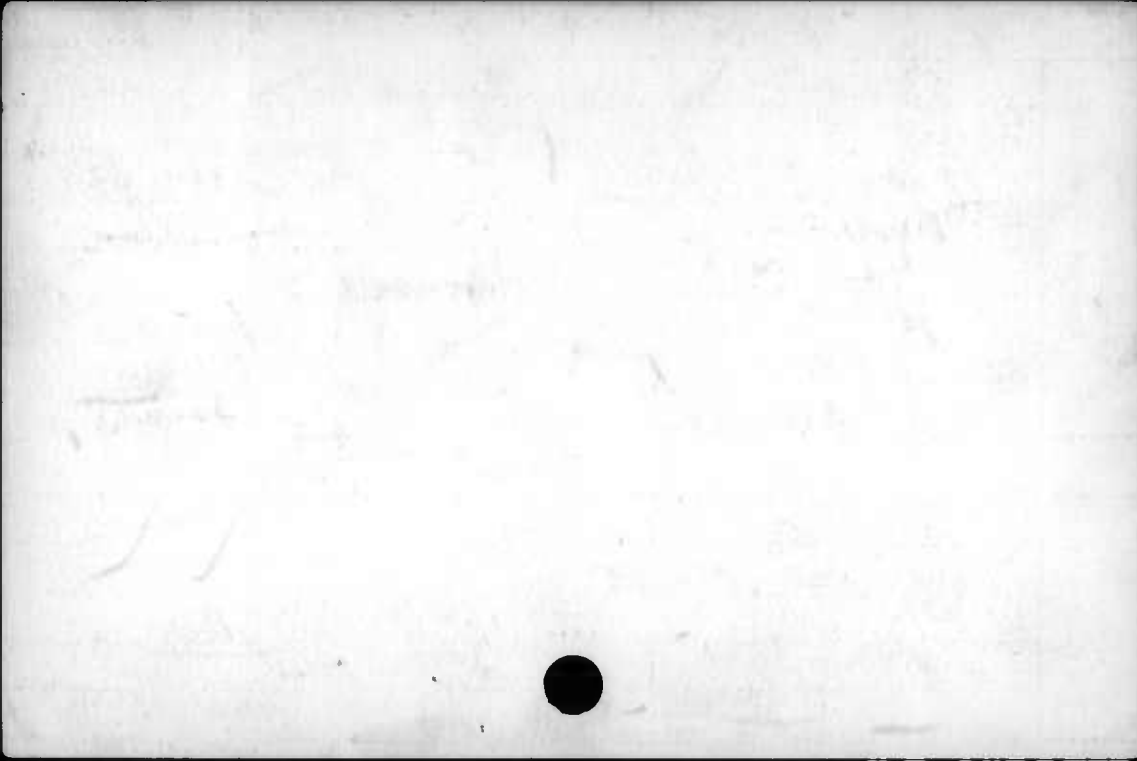
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|-----------------------------------|---------------|---------------|---|--------|-------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1908 August 22 | | Age | | 14 | | 3 22 | |
| Sex | Male | Color or Race | Black | | Birth-place | Mutual | |
| Occupation | Ophry | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Ben Gray | | Father's Birthplace | | | | |
| Mother's Maiden Name | Henric Harris | | Mother's Birthplace | | | | |
| Name of person giving information | E. J. Gray | | How related to deceased | | | | |
| | | | | | | Sister, | |

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|----------------------|----------|--|
| Primary | Accidental drowning | | How long | |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | |
| Signature of | | Coroner J. T. Harris | | |
| Address | | Port Republic | | |
| Accident or | | Accident | | |



Name
in
Full

Q. B. Gray

14
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

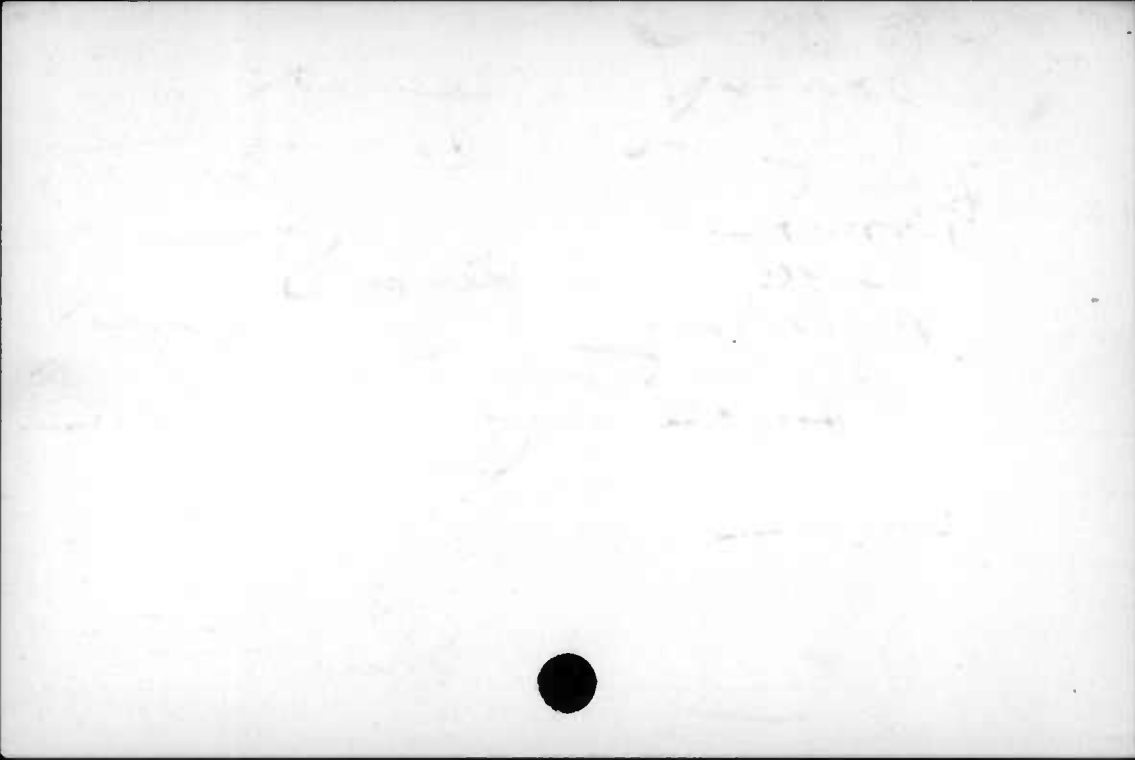
| | | | | | |
|-----------------------------------|----------------------|--|---|-------------------------|---------|
| Died at <i>Bowen</i> | | County <i>Calvert</i> | | MARYLAND | |
| Date of death | 1908 | Month | Aug | Day | 26 |
| Age | 21 | Years | | Months | |
| Sex | male | Color or Race | white | Birth-place | Calvert |
| Occupation | Farmer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | Name of Wife or Husband <i>Married</i> | | | |
| Father's Name | <i>W. B. Gray</i> | | | Father's Birthplace | Calvert |
| Mother's Maiden Name | <i>Dorcas Denton</i> | | | Mother's Birthplace | Calvert |
| Name of person giving information | <i>Lester Gray</i> | | | How related to deceased | Son |

CAUSES OF DEATH

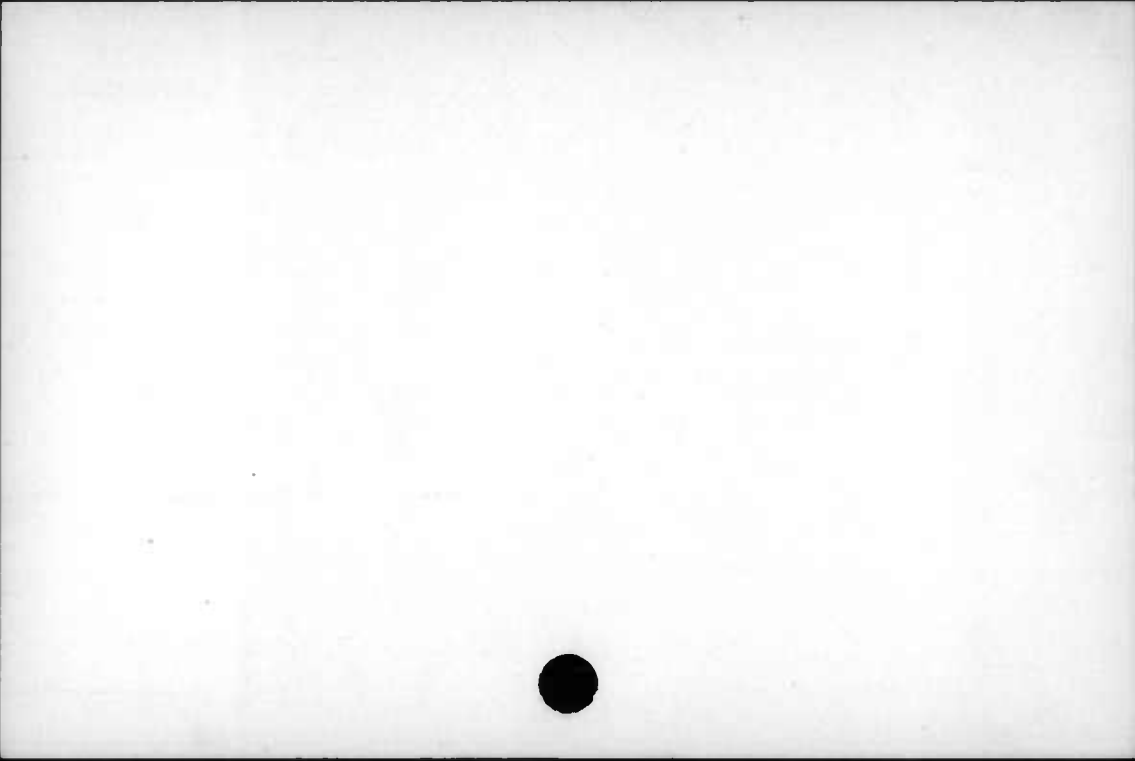
66

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|------------------------|-----------------------|
| Primary | <i>Conjunctive of lungs</i> | How long | <i>1 week</i> |
| Immediate | <i>Paralysis -</i> | How long | <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>No</i> | Signature of Physician | <i>R. B. B. B. B.</i> |
| | | Address | <i>Calvert</i> |
| Accident or Suicide? | <i>No</i> | | |

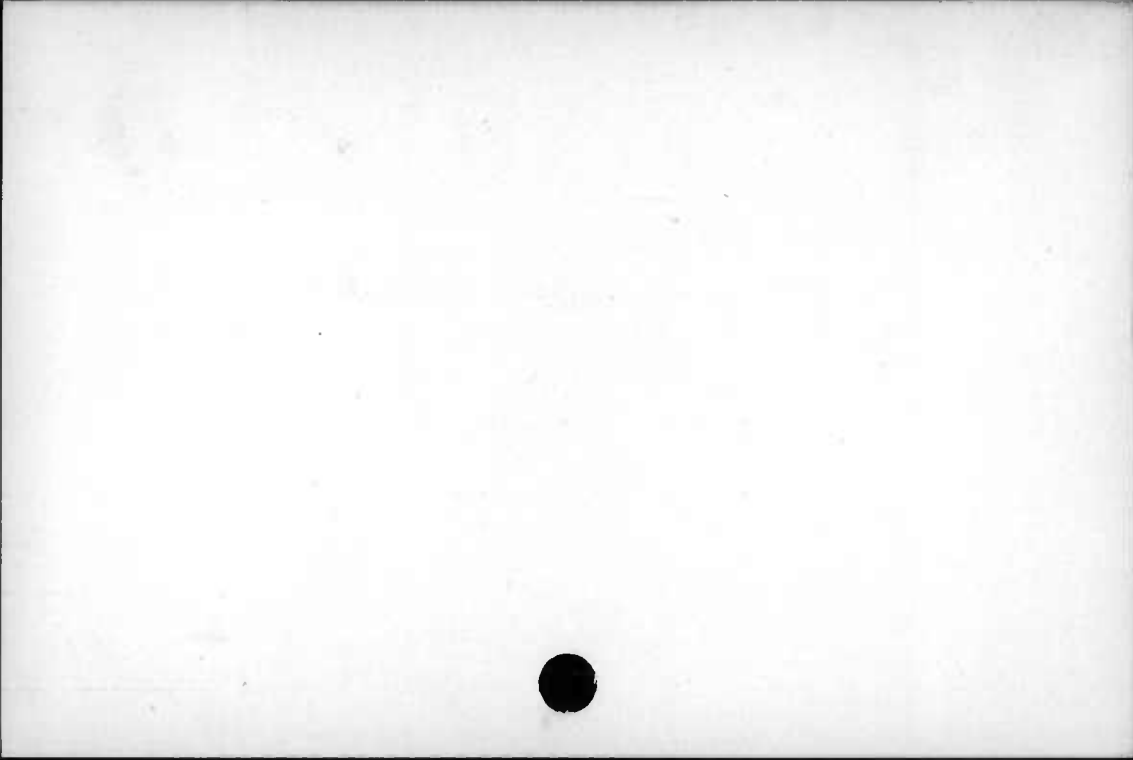


| | | | | | | | |
|--|--|--|--|-------------------------------------|--|----------------------|--|
| Name in Full John Fielder Leathering | | Town Coon Pt | | County Calvert | | CERTIFICATE OF DEATH | |
| Died at Coon Pt | | State MARYLAND | | | | | |
| Date of death 1908 Aug. 19 | | Month Aug. | | Day 19 | | Year 1908 | |
| Sex Male | | Color or Race White | | Birth place Calvert Co Md | | Months - | |
| Occupation Laborer | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Mary Hales | | | | | |
| Father's Name A S Leathering | | Father's Birthplace Calvert Co Md | | | | | |
| Mother's Maiden Name Elizabeth Johnson | | Mother's Birthplace Calvert Co Md | | | | | |
| Name of person giving information Hannah Dowell | | How related to deceased Sister | | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | CAUSES OF DEATH | | (93) | | | |
| Primary Lobar Pneumonia | | How long About 2 weeks | | | | | |
| Immediate Suppurative Pneumonia | | How long About 4 weeks | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Dr. J. Chambers | | | | | |
| | | Address Luxby Calvert Co Md | | | | | |
| Accident or Suicide? | | | | | | | |



| | | | | | |
|--|---|--|--------------------------------------|-----------------|-----------------|
| Name in Full Thomas Savage | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Franklin <small>Town</small> | | Calvert <small>County</small> | | MARYLAND |
| | Date of death 1908 Aug 7 <small>Month Day</small> | Age 19 <small>Years</small> | | Months - | Days - |
| | Sex male | Color or Race Colored | Birth place Calvert Co md | | |
| | Occupation Oysterman | Where Residing if not at place of death | | | |
| | Married, Single or Widowed Single | Name of Wife or Husband - | | | |
| | Father's Name Benjamin Savage | Father's Birthplace Calvert Co md | | | |
| | Mother's Maiden Name Annie Dowell | Mother's Birthplace Calvert Co md | | | |
| Name of person giving information Benjamin Savage | How related to deceased Father | | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary Tubercular Elbow joint | How long about 4 mos | | | |
| | Immediate | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Dr F Chambers m.d. | | | |
| | | Address Quincy Calvert Co md | | | |
| Accident or Suicide? - | | | | | |

32



Name
in
Full

Francis Scivoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|---------------|-------|---|------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1908 | | Aug | 25 | Age 74 | | | |
| Sex | Male | Color or Race | White | Birth-place | Belmont Co | | |
| Occupation | Farmer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband Elizabeth Hood | | | |
| Father's Name | Thomas Scivoner | | | Father's Birthplace Don't know | | | |
| Mother's Maiden Name | Not Obtainable | | | Mother's Birthplace " " | | | |
| Name of person giving Information | | | | How related to deceased | | | |

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

| | | | |
|--|-------------|------------------------|--------------|
| Primary | Gall Stones | How long | 6 mos |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | L. N. King |
| | | Address | Baltimore Md |
| Accident or Suicide | | | |



Name
in
Full

H Meal Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Prince George's ^{County} Calvert MARYLANDDate of death 1908 ^{Month} Aug ^{Day} 20 ^{Years} Age 30 ^{Months} 4 ^{Days} 20Sex male ^{Color or Race} white ^{Birth-place} MdOccupation Minister ^{Where Residing if not at place of death}~~Married~~ Single ^{Name of Wife or Husband}Father's Name William S. Simpson ^{Father's Birthplace} Talbot CoMother's Maiden Name Dorothy S. Leonard ^{Mother's Birthplace} Talbot CoName of person giving Information Dorothy S. Simpson ^{How related to deceased} Mother

CAUSES OF DEATH

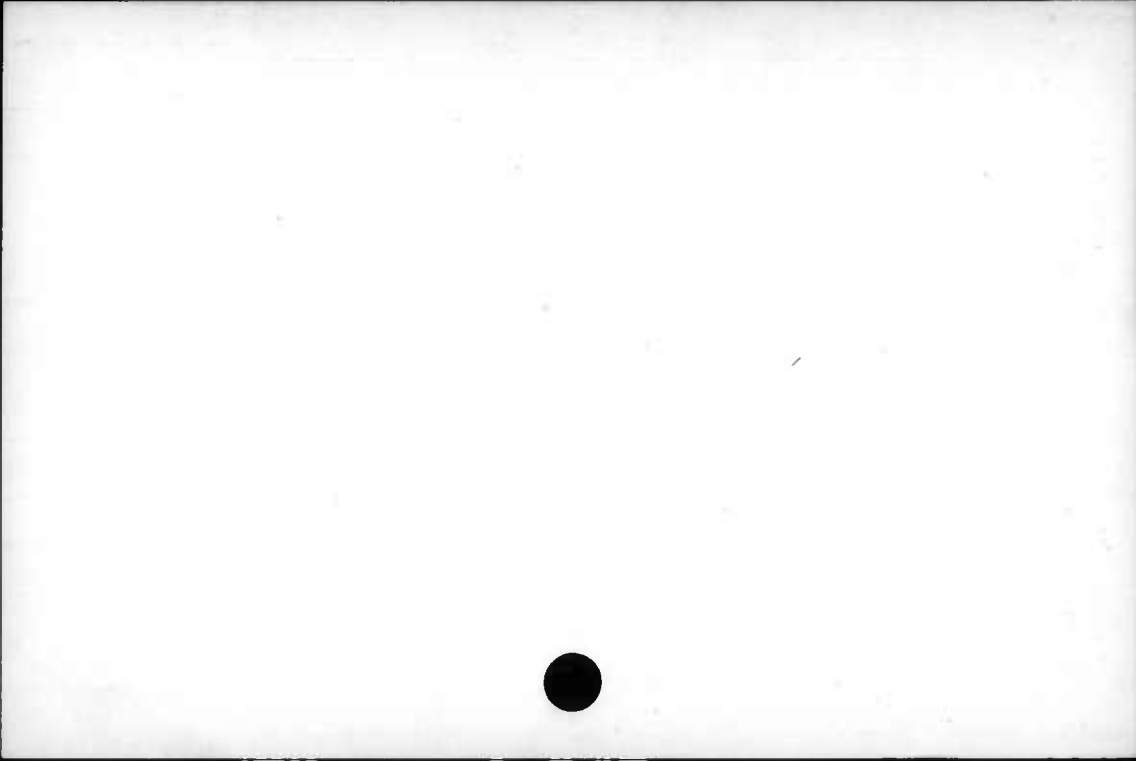
1

PHYSICIAN
OR CORONERPrimary Typhoid Fever ^{How long} 18 daysImmediate Intestinal Hemorrhage ^{How long} 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} L. H. King Md
^{Address} Barclow Md

Accident or Suicide



Name
in
Full

Mary Elizabeth Tucker

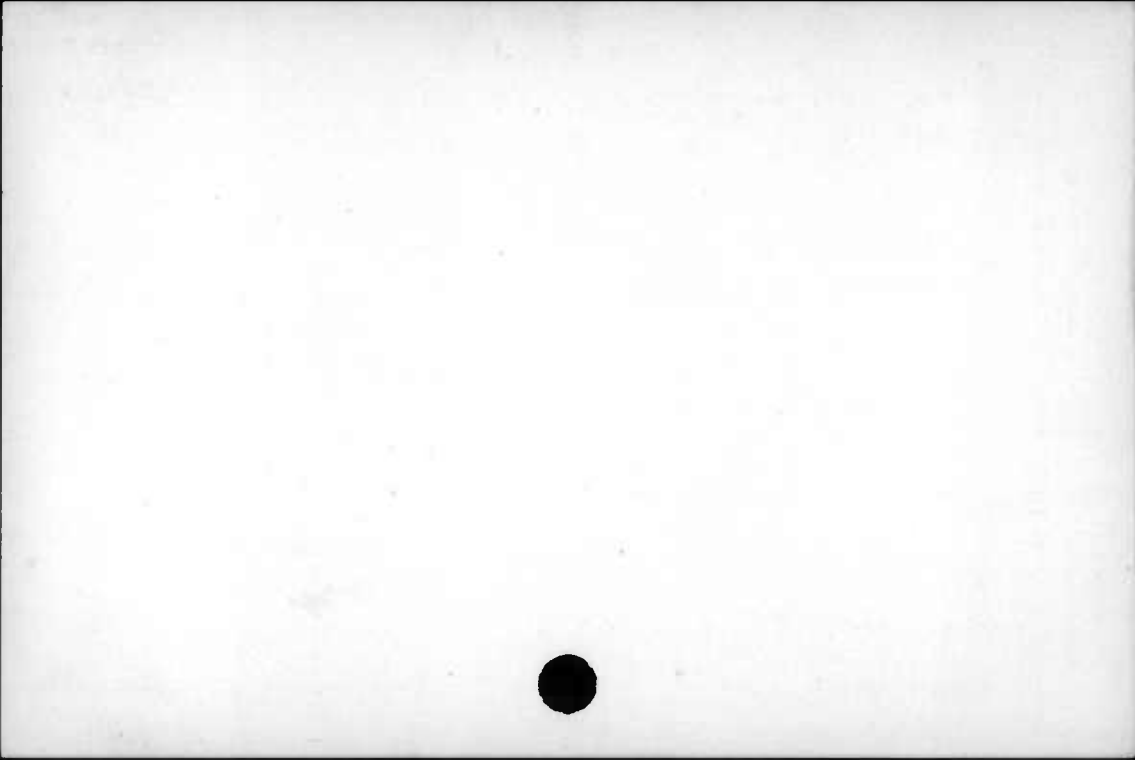
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|-------------------------|---|-------------------------|--------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1908 Aug | | 24 | Age | 43 | - | | |
| Sex | Female | Color or Race | White | | Birth place | Calvert & md | |
| Occupation | Nurse | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | None | | |
| Father's Name | Lemuel Tucker | | | | Father's Birthplace | Calvert & md | |
| Mother's Maiden Name | Frances J. Hallen | | | | Mother's Birthplace | Calvert & md | |
| Name of person giving information | Lemuel Tucker | | | | How related to deceased | Father | |

CAUSES OF DEATH

| | | | | | |
|-------------------------|--|--------------------|-------------------|--------------------|--------------|
| PHYSICIAN OR CORONER | Primary | Pulmonary Phthisis | How long | 27 | about 18 mos |
| | Immediate | Exhaustion | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | |
| | Signature of Physician | | Geo F Chambers md | | |
| | | Address | | Lusby Calvert & md | |
| Accident or Suicide? | | | | | |



| | | | |
|---|--|---|--|
| Name in Full James E. Wrems | | CERTIFICATE OF DEATH | |
| Died at Oliver Town | | Calvert County | |
| Date of death 1908 Aug 8th | | Age 32 Years | |
| Sex Male | | Color or Race Colored | |
| Occupation Oysterman | | Where Residing if not at place of death | |
| Married, Single or Widowed Married | | Name of Wife or Husband Susan Elsie | |
| Father's Name James Wrems | | Father's Birthplace Calvert Co | |
| Mother's Maiden Name Mary Ebb | | Mother's Birthplace St Marys Co | |
| Name of person giving information George W. Griggs | | How related to deceased Friend | |
| CAUSES OF DEATH | | | |
| Primary Accidental Drowning | | How long 172 | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Wm. H. Files, Coroner | |
| | | Address Solomon's Calvert Co Md | |
| Accident or Suicide 2 | | | |

